

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class E Household Goods For Professional Movers
of Charleston, LLC

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER:

2019-242-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print) Rebecca Epstein

Submitted by:

Telephone:

(843) 628-941

Address: Epstein Law, LLC

Fax:

800-909-6881

720 Dupont Road, Suite A

Other:

Charleston, SC 29407

Email:

rebecca@epsteinlawllc.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Request for Name Change on Certificate☐ Application - Class C Taxi☐ Request to Amend Scope of Authority☐ Application - Class C Charter☐ Request to Amend Tariff (rate increase, etc.)☐ Application - Class C Charter Bus☐ Request to Amend Passenger Limit☐ Application - Class C Non-Emergency☐ Request☐ Application - Class C Stretcher Van☐ Exhibit☒ Application - Class E Household Goods☐ Late-Filed Exhibit☐ Application - Class E Hazardous Waste☐ Letter☐ Application☐ Proposed Order☐ Request for Extension to Comply with Order☐ Publisher's Affidavit☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Reservation Letter☐ Request for Cancellation of Certificate☐ Response☐ Request for Suspension☐ Return to Petition☐ Request for Reinstatement☐ Other:

RECEIVED
JUL 08 2019

PSC SC
CLERK'S OFFICE

js

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
 101 Executive Center Drive, Suite 100
 Columbia, South Carolina 29210

Phone: (803) 896-5100 FAX: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF
 MOTOR VEHICLE CARRIER**

Select Class: (Check one) Date: June 20, 2019

☒ E (HHG) - Household Goods

☐ E (HAZ) - Hazardous Material

IMPORTANT! If application is to amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

☒ New Application

☐ Amended Scope of Authority

Current Scope:
 (list counties) _____

Amended Scope:
 (list counties) _____

1. **Professional Movers of Charleston, LLC**

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

1583 Harborsun Drive, Charleston SC 29412

Street Address of Applicant

 Mailing Address of Applicant (if different from street address)

(843) 709-5383 N/A

Phone FAX

admin@professionalmoversofcharleston.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
- ☐ Partnership - List names and address of all person having an interest in the business.
- ☒ Corporation - List names and addresses of two principal officers.

Limited Liability Company taxed as Sole Proprietorship

4. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

5. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of convictions below.

6. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of revocations below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	0.00	Mortgage/Loan on Real Estate	0.00
Value of Motor Vehicles	5,000	Loans Owed on Motor Vehicles	0.00
Cash on Hand	100,000	Business/Other Loans Owed	0.00
Cash in Bank	0.00	Other Liabilities or Debts	0.00
Value of Other Assets and Equipment	1,355.00	Total Liabilities	0.00
Total Assets	106,355.00		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip and/or hourly rate):

Base Rate: \$40 per mover per hour
 Travel Allowance Maximum: \$70 per job
 Bulk or Specialty Items Weighing up to 300lbs: \$100 per item
 Bulk Item Piano: \$200 per item

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

- ☒ Household Goods, as defined in R103-210(1)
☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to the Commission hearing, you will be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Ford	2006 Explorer	1FMEU73E86UA42746	Marketing Only
To start, vehicles will be leased on at least a 30-day basis.			

INSURANCE QUOTEThis form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Professional Movers of Charleston

Name of Applicant

1583 Harborsun Drive, Charleston SC 29412

Address of Applicant

Amount of Premium:**Limits Quoted: (See Below)**Liability Insurance \$ 5,183Limits \$750,000Cargo Insurance \$ 1,518Limits \$200,000

* Attach Certificate of Insurance if available.

Progressive Northern Insurance Co.

Name of Insurance Company

6300 Wilson Mills Road, Mayfield Village, OH 44143

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

TRIST & SHOLK INC
1052 Gardner Road
Charleston, SC 29407

PROFESSIONAL MOVERS
OF CHARLESTON
1583 HARBORSUN DRIVE
CHARLESTON, SC 29412

PROGRESSIVE
COMMERCIAL

Underwritten by:
Progressive Northern Insurance Co
June 14, 2019
Policy Period: Jun 17, 2019 - Jun 17, 2020
Page 1 of 3

Customer Phone number: 1-843-709-5383

Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Northern Insurance Co, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through progressiveagent.com, your customized Web site. Claims service is available 24 hours a day, 7 days a week by calling 1-800-274-4499.

Policy information

Business type: Trucking For-Hire
Sub business type: Household Movers

Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$7,489.00
Paid in full discount	-1106.00
Policy premium if paid in full	\$6,383.00

Payment plans

Payment Method: 11 payments

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$3.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
11 Payments, 16.67% Down	\$7,489.00	\$1,250.09	10 payments of \$626.90
10 Payments, 20.0% Down	\$7,489.00	\$1,499.40	9 payments of \$668.52
6 Pay, Seasonal, 20.0% Down	\$7,489.00	\$1,499.40	5 payments of \$1,200.97
10 Payments, 25.0% Down	\$7,489.00	\$1,873.75	9 payments of \$626.92
4 Pay, Seasonal, 25.0% Down	\$7,489.00	\$1,873.75	3 payments of \$1,874.75

Make payments by mail or at progressiveagent.com. Each payment includes a \$6.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
11 Payments, 16.67% Down	\$7,489.00	\$1,250.09	10 payments of \$629.90
10 Payments, 20.0% Down	\$7,489.00	\$1,499.40	9 payments of \$671.52
6 Pay, Seasonal, 20.0% Down	\$7,489.00	\$1,499.40	5 payments of \$1,203.92
10 Payments, 25.0% Down	\$7,489.00	\$1,873.75	9 payments of \$629.92
4 Pay, Seasonal, 25.0% Down	\$7,489.00	\$1,873.75	3 payments of \$1,877.75
4 Pay, Quarterly, 25.0% Down	\$7,489.00	\$1,873.75	3 payments of \$1,877.75
1 Payment	\$6,383.00	\$6,383.00	None
2 Payments, 50.0% Down	\$7,489.00	\$3,745.50	1 payment of \$3,749.50

PROFESSIONAL MOVERS
OF CHARLESTON
Page 2 of 3

To purchase insurance

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at 1-843-556-6232. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Rated drivers

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Age	Marital status	Points	Additional information
RIDDICK PROVFAUX JR			3	

Outline of coverage

Auto coverage part

Description	Limits	Deductible	Premium
Liability To Others			\$5,183
Bodily Injury and Property Damage Liability	\$750,000 combined single limit		
Employer Non-Owned Auto Liability To Others			87
Bodily Injury and Property Damage Liability	\$750,000 combined single limit		
Uninsured Motorist			61
Bodily Injury	\$100,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$200	
Underinsured Motorist			60
Bodily Injury	\$100,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$0	
Comprehensive			179
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			358
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			41
See Auto Coverage Schedule			

Subtotal policy premium **\$5,969**

Motor Truck Cargo coverage part

Description	Limits	Deductible	Premium
Motor Truck Cargo	\$200,000	\$1,000	\$1,518
Subtotal policy premium			\$1,518
South Carolina Uninsured Motorist Fund charge			2
Total 12 month policy premium and fees			\$7,489

Number of Employees: (0-10)

Rated commodities

1. Other Misc.

PROFESSIONAL MOVERS
OF CHARLESTON
Page 3 of 3

Auto coverage schedule

1. **2007 Ford E450 SUPER DUTY** Stated Amount: * \$10,000 (including Permanently Attached Equip)
VIN: **1FDXE45S97DA17797** Garaging Zip Code: 29412 Territory: 2 Radius: 100 miles
Personal use: N Body type: Straight Truck Use class: H

Liability Premium	Liability	UM	UM	UM PD	UM PD
	\$5183	\$48	\$57	\$13	\$3
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium	
	\$500	\$179	\$500	\$358	
Other Coverages Premium	Rental Limit	Rental Premium			Auto Total
	\$30 per day Max \$900	\$41			\$5,882

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Form QTE (05/08)

ACCEPTED FOR PROCESSING - 2019 July 8 9:24 AM - SCPSC - 2019-242-T - Page 10 of 17

Exhibit Fit, Willing, and Able (FWA)

Professional Movers of Charleston, LLC

Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes

 ☒ No

 ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory

 ☐ Conditional

 ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes

 ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes

 ☒ No
If "Yes", list judgements here:

--

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

 ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

☒ Yes

 ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant believes that there is a need for its company's services in the proposed service area.

The Applicant understands that this completed Application serves as prefiled testimony for the Applicant for hearing purposes.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Chris P. Parnell
Applicant's Signature

Owner
Title of Applicant (e.g. President, Owner, etc.)

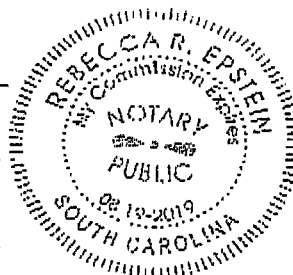
STATE OF SOUTH CAROLINA)
COUNTY OF Charleston)

SWORN TO BEFORE ME
This 18 day of June, 2019

Notary Public

Commission Expires

8-17-19



The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

PROFESSIONAL MOVERS OF CHARLESTON, LLC,
a limited liability company duly organized under the laws of the State of South Carolina on April 2nd, 2018, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 3rd day
of April, 2018.


Mark Hammond, Secretary of State

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Professional Movers of Charleston, LLC

Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392/395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

- ☐ Yes ☒ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

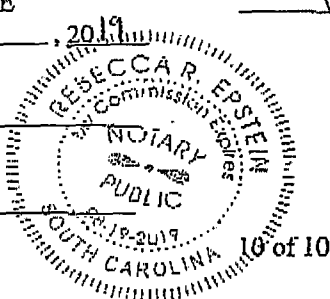
- ☒ Yes ☐ Not Applicable

I, Chris Provencher, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME
This 18 day of June, 2019

Notary Public

Commission Expires 8-19-19



Chris Provencher

Applicant's Signature

Print Application

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Apr 03 2018

REFERENCE ID: 1804031411459

Filing ID: 180403-0906159

Filing Date: 04/02/2018

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Professional Movers of Charleston, LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC", "LLC", "L.L.C.", "L.C.", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
1583 Harborsun Drive

(Street Address)

Charleston, South Carolina 29412

(City, State, Zip Code)

3. The initial agent for service of process is

Registered Agents Inc.

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:
8850 Rivers Ave. STE 100

(Street Address)

Charleston

South Carolina 29408

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) Christopher Proveau

(Name)

1583 Harborsun Drive

(Street Address)

Charleston, South Carolina 29412

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Apr 03 2018

REFERENCE ID: 1804031411459

[Signature]

Professional Movers of Charleston, LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Apr 03 2018

REFERENCE ID: 1804031411459

Mark H. Howard
NOTARY PUBLIC - SOUTH CAROLINA

Professional Movers of Charleston, LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Christopher Proveau

Signature of Organizer

Date: 04/02/2018

Signature of Organizer

Date: _____